

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

28386

State File No. \_\_\_\_\_

**FILED SEP 9 - 1952**

BIRTH NO. 61418 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0485</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Missouri</u> <u>3218</u>	
c. LENGTH OF STAY (In this place) <u>1 hr. 15 min.</u>		d. STREET ADDRESS (If rural, give location) <u>5810 Truman Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Bryant</u> c. (Last) <u>Bryant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>August 26, 1952</u>		9. AGE (In years last birthday) <u>1</u> UNDER 1 YEAR <u>15</u> MONTHS <u>15</u> DAYS		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Patrick Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Butler</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Patrick BRYANT K.C., Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 13 min.</u>
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (b) <u>Generalized Atelectasis</u> DUE TO (c) <u>Anencephaly (monster)</u>			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
		<u>None</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ <u>750X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from August 26, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James Thompson MD</u> (Degree or title)		23b. ADDRESS <u>317 W Kansas St. Independence Mo</u>		23c. DATE SIGNED <u>8-26-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 29, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-28-52</u>		REGISTRAR'S SIGNATURE <u>James Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Sparks</u>		ADDRESS <u>Independence, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**